

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		1				
8		1				
9		2				
10		2				
11		1				
12		1				
13		2				
14		2				
15		1				
16		1				
17		2				
18		2				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32		6				
33		1				
34		1				
35		2				
36		2				
37	1					
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	90					
TOTAL CLAIMS	99					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						